## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Received by (Please Print Clearly) ■ Complete items 1, 2, and 3. Also complete B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece. ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: **⊕**/No If YES, enter delivery address below: Edward Cox 16 Stoney Point B 3. Service Type Certified Mail ☐ Express Maii OCT 2 6 2005 ☐ Registered ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. I. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Chay from service PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

